

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/15/2016
NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00192409.</p> <p>Complaint IN00192409 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: February 11 & 15, 2016</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type: Medicare: 5 Medicaid: 45 Other: 5 Total: 55</p> <p>Sample: 3</p> <p>The Waters of Indianapolis was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00192409.</p> <p>Q.R. completed by 14466 on February 18, 2016.</p>	F 000			
F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards</p>	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure staff followed the plan of care for transferring a resident with a mechanical lift which resulted in a fractured right knee for 1 of 3 residents reviewed for transfers in a sample of 3. (Resident #B and certified nursing assistant [CNA] #1)</p> <p>The Isolated Actual Harm began on 1/28/16, when the facility failed to identify staff were not following the plan of care for transferring a resident who required the assistance of a mechanical lift. Resident #B was sent to the emergency room on 1/29/16, and was diagnosed with a fractured knee. On 1/29/16, the facility identified other residents that required mechanical lift assistance and implemented a system to audit transfers. The audits are on-going and the facility will monitor 5 transfers daily for 4 weeks, then 2 resident transfers weekly for 5 months. They also inserviced staff on the Hoyer and stand-up lifts and where to find the transfer care information for each resident. The correction date was prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 2/11/16 at 2:10 p.m. Diagnoses for Resident #B included, but were not limited to, rheumatoid arthritis, diabetes, chronic obstructive pulmonary disease, acute kidney failure, hypoxemia,</p>	F 323	Past noncompliance: no plan of correction required.		

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F 323	<p>Continued From page 2</p> <p>schizophrenia, bipolar disease and hypertension.</p> <p>A care plan dated 8/28/15, indicated the resident required the assistance of 2 staff members for all transfers. An updated care plan on 10/20/15, indicated the resident required a Hoyer (mechanical lift) and assistance of 2 staff members for all transfers.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment dated 1/13/16, indicated the resident had a Brief Interview Mental Status (BIMS) score of "15" (cognition intact).</p> <p>A progress note dated 1/28/16 at 14:07 (2:07 p.m.), indicated the resident complained of increased knee pain during a transfer for a wound clinic appointment. An order was received for an X-ray and the results were negative.</p> <p>A progress note dated 1/29/16 at 6:40 a.m., indicated the resident complained of severe right knee pain during the night. Resident #B indicated to the nurse, she hurt her leg yesterday while being transferred on the stand-up lift. An order was received to send the resident out to the hospital emergency room for evaluation of right knee pain.</p> <p>A hospital CT (computerized axial tomography X-ray) scan dated 1/29/16, indicated the resident had a right knee fracture.</p> <p>An investigative statement dated 1/29/16 at 4:30 p.m., from CNA #1 indicated she transferred Resident #B using a stand-up lift instead of the Hoyer lift required, as indicated by the care plans. CNA #1 also indicated she always used the stand-up lift for this resident.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>During an interview with the Director of Nursing (DON) on 2/15/16 at 10:40 a.m., she indicated CNA #1 said she always transferred the resident with the stand-up lift. Additionally, the DON indicated the CNA was terminated.</p> <p>On 2/15/16 at 10:05 a.m., the Administrator provided the Mechanical Lift policy dated 7/1/11, and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "Guideline: It is the intent of the facility that Hoyer lifts are used to enable staff to lift and move a resident safely. ... Procedure: ... 13 ... One staff member guides from behind chair and one in front as resident is being lowered into chair ..."</p> <p>The Isolated Actual Harm began on 1/28/16, and was corrected on 1/29/16. The facility identified other residents that required mechanical lift assistance and implemented a system to audit transfers. They also inserviced staff on the Hoyer and stand-up lifts and where to find the transfer care information for each resident. The correction date was prior to the start of the survey and was therefore Past Noncompliance.</p> <p>This Federal tag relates to Complaint IN00192409.</p> <p>3.1-45(a)(2)</p>	F 323			